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ABSTRACT

Form level is a major element in the scoring and interpretation of Rorschach responses. Exner's 1974 text and 1976 comprehensive system workbook provided helpful norms and scoring conventions for determining form quality, but its 1985 revision appeared to lead to generally lower levels of form quality. To examine this clinical impression, the Rorschachs of 45 adult psychiatric inpatients were scored using both original and revised norms and conventions. Statistical comparisons revealed that the newer procedures resulted in significantly lower form quality. These findings are highly relevant to clinical practice and suggest the need for further, comprehensive investigation. (Author/GDC)

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Rorschach Form Quality in Two Editions of Exner's Comprehensive System

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Rorschach Form Quality in Two Editions of Exner's Comprehensive System

Abstract

Form level is a major element in the scoring and interpretation of Rorschach responses. Exner's 1974 text and 1976 comprehensive system workbook provided helpful norms and scoring conventions for determining form quality, but in our clinical experience its 1985 revision led to generally lower levels of form quality. To examine this clinical impression further we scored the Rorschachs of 45 psychiatric inpatients using both original and revised norms and conventions. Statistical comparisons revealed that the newer procedures resulted in significantly lower form quality. These findings are highly relevant to clinical practice as well as research and suggest the need for further, comprehensive investigation.

Rorschach Form Quality in Two Editions of Exner's Comprehensive System

According to Exner (1974) form is a basic ingredient in nearly all Rorschach responses. Rorschach postulated that the manner in which form is used reflects the subject's ability to perceive objects conventionally or realistically. All Rorschach systematizers have agreed with this point of view, and a large amount of literature supports this contention. According to Exner, the inclusion of form in a response represents an ego operation characterized by the use of formal reasoning and reality testing.

Form quality is a major factor in assessing efficiency of thinking and maturity of ego functions such as reality testing, reality sense, healthy object relations, judgment, thought processes, synthetic integrative functioning, and mastery competence (Bellak & Goldsmith, 1984).

Various systems for evaluating level of form quality of Rorschach responses have been advanced. The most well known include those of Beck et al. (1950), Klopfer et al. (1954), and Hertz (1951). In 1974 Exner published the first volume of his comprehensive system which represented an empirical amalgamation of the most useful aspects of the various Rorschach systems. The Exner system is now widely used and has the advantage of an extremely large data base that allows the clinician to interface with the vast research literature on the Rorschach.

In 1976 Exner, Weiner, and Schuyler published the first edition of a workbook for Exner's comprehensive Rorschach system. A major element of the workbook was a series of extensively detailed tables, reproduced from his 1974 text, providing norms for form quality for a very large number of responses. These extensive tables made it possible for clinicians throughout the country to score Rorschachs using the same standards, facilitating clinical interpretation as well as research. A second edition of the workbook and its form quality tables was published by Exner in 1985.

In our psychodiagnostic laboratory we began using the first edition of the comprehensive system workbook when it became available. When the second edition arrived we began using its new scoring conventions. After some experience with the new conventions, it became our impression that there were some significant differences between the first and second editions of the workbook in scoring conventions and in determination of good versus poor form quality of various responses. We inquired of Rorschach Workshops and were advised that differences in Rorschach indices based on form quality are minimal between the two editions of form quality tables and are virtually all nonsignificant (with the possible exception of F+% in low-Lambda records), based on their rescoring of a large number of psychiatric and nonpatient records (Rorschach Workshops, personal communication, September 12, 1985). However, mean X+% and F+%

scores for large nonpatient and inpatient groups are reported in both workbook editions, and means obtained with second-edition scoring conventions are consistently smaller. Because of the extreme importance of the form-quality-based indices (in clinical interpretation and ultimately treatment and disposition of patients), we sought to determine more systematically if there were in our laboratory any differences in form quality resulting from using the scoring conventions in the first versus the second edition of the workbook. In this paper we summarize the results of this comparison of form quality.

Method

Forty-five Rorschach protocols of adult (age 18 and older) psychiatric inpatients were originally scored between May and December 1985 using the form quality tables in the second edition of the workbooks. All patients were at Highland Hospital, a private psychiatric institution in Asheville, North Carolina.

Each protocol was blindly rescored for form quality, using the form quality tables from the workbook's first edition, by the psychometric technician who had originally scored the protocol. The two technicians (one master's level and one bachelor's level) had been involved in a several-month training period in psychological assessment, including the Rorschach comprehensive system, under the direction of Ph.D. clinical psychologists familiar with this system, and they kept abreast of current

developments in the comprehensive system via inservice programs and workshops.

Names and other identifying information were removed from the protocols before they were rescored. Also deleted were the original date of Rorschach administration, second-edition form quality originally assigned, developmental quality, popular scores, and special scores.

Second-edition protocols were rescored using first-edition form quality tables rather than vice versa because scoring and rescoring thus occurred relatively closer in time, affording some control of the increasing experience of the technicians since the original scoring, and because changes in our personnel would otherwise have necessitated using different scorers for the first- and second-edition scorings.

After protocols had been rescored, technicians and Ph.D. clinical psychologists compared the first- and second-edition scorings and determined structural and/or other reasons for any differences in form quality obtained.

Of major interest were possible changes in several comprehensive system indices based on form quality: X+%, X-%, M-, Sum FQ- $\geq$ Sum FQu, and F+%. All except F+% are among criteria of the Schizophrenia Index, which we also examined.

Results

The mean X+% with first-edition form quality scoring was 60.44. For the second edition it was 49.35. The *t* reflecting

the degree of this difference was 5.38 (df = 44, p ≤ .001, 2-tailed test).

In our 45 cases the mean F+% with first-edition scoring was 61.86 and with the second edition was 51.64. The t reflecting the magnitude of this difference was 3.99 (df = 44, p ≤ .001, 2-tailed test).

Mean X-% was 18.64 with first-edition scoring and 23.75 with the second edition. The t reflecting the magnitude of this difference was -3.38 (df = 44, p ≤ .01, 2-tailed test).

Thus, in our sample we found significant differences in Rorschach form quality level as scored by the first and second editions of the comprehensive system workbook. These differences could have highly significant implications for clinical interpretation and research. Many clinical factors are used in the diagnosis of schizophrenia, and one is level of Rorschach form quality. The Schizophrenia Index (Sczi)introduced in the second edition of the comprehensive system workbook employs five criteria, four of which rely in whole or part on level of form quality. If four or five of these criteria are met, there is a very high probability of schizophrenia. Form quality is thus a highly important factor in this determination.

To further understand the implications of our findings we examined the effects of differences in first- and second-edition form level scores on the Sczi. The first Sczi criterion is X+% < 70. We found that six cases that did not meet this criterion

with the first edition (i.e., they had X+% ≥ 70) did meet it with the second (i.e., they then had X+% < 70). None of the protocols, when rescored, resulted in a reclassification in the opposite direction. The second Sczi criterion is Sum FQ- ≥ Sum FQu, or X-% > 20. We found that six cases that did not meet the first part of this criterion with first-edition scoring did so when second-edition scoring was used; however, five cases were reclassified in the opposite direction. The effect was to identify different patients as impaired according to this criterion, depending on which workbook edition was used. Regarding the other part of this criterion, X-% > 20, we found that 10 cases that did not meet the criterion using first-edition form quality scoring did meet it with the second edition; only two cases were reclassified in the opposite direction.

The third Sczi criterion is M- > 0, or WSum6 > 11. The first part of this criterion is a highly significant measure for the diagnosis of schizophrenia as well as for the quality of object relationships. Four cases that did not meet this part of the criterion with the first edition did so with the second. None were reclassified in the opposite direction.

Form quality does not completely determine a patient's score on the Sczi; special scores, which we did not investigate, comprise all or part of the two other Sczi criteria. However, form quality changes by themselves affected Sczi in our patients: Six cases that had Sczi < 4 using the first-edition form quality

tables obtained Sczi $\geq$ 4 using the second edition; only one case changed in the opposite direction in terms of this cutoff point.

When protocols were rescored with the form quality tables in the workbook's first edition, form quality of 166 percepts was changed. Lower form quality explicitly assigned to percepts by the second than by the first edition accounted for 43% of these changes. In 31% of the changes, scorers had to extrapolate from percepts listed in both sets of tables to identify our patients' percepts and assign form quality; most of these extrapolated percepts received poorer form quality using the second edition. The second edition of form quality tables explicitly differentiates "poor" form quality into "unusual" and "minus" categories, while the first edition does not; 14% of the changes in form quality that we obtained were related to this structural difference, and most of these percepts were given lower form quality with the second edition. In 11% of the changed form quality scores, percepts that were not explicitly listed in first-edition form quality tables, but whose form quality could be extrapolated from that of other percepts listed, were explicitly listed in the second-edition tables; about half of these were given lower form quality by using the second edition. Finally, 1% of the changes resulted from different treatment of CONTAMs by the workbook's two editions. Percepts with this special score must be given "minus" form quality under the first edition but can earn better form quality under the second

edition; in our case, the result was better form quality using the second edition.

Discussion

We found unambiguous differences in form quality scores between the two workbook editions. Because form quality is such an essential factor in so many Rorschach indices (e.g., Sczi), we believe that our data justify a thorough study of all differences between first- and second-edition scoring criteria.

We identified structural differences in the two editions of the form quality tables that account for the usually poorer form quality with the second-edition tables. These include lower form quality scores in the second edition for some percepts listed in both first and second editions, discrimination among "poor" percepts in the second edition, and more extensive listing of percepts in the second edition.

The potential effects of experimenter bias must be considered, but they are mitigated by several factors: First, the technicians were briefed regarding the possibility of bias prior to their rescoring of the protocols. Second, the largest category of scoring changes resulted from unambiguous assignment of lower form quality by the second edition of the form quality tables. Third, some percepts obtained better form quality with the second edition in cases when scorers' judgment could have been a factor. Fourth, when extrapolation and thus scorers' judgment were required to identify and assign form quality to an unlisted

percept, the extrapolation was in many cases based on similar percepts that were listed in both editions and unambiguously given different form quality in the two editions. Fifth, 78% of the rescored percepts received the same form quality under the two editions of form quality tables. Finally, there is other evidence available that second-edition form quality is relatively lower; a comparison of the two workbook editions shows consistently lower F+% and X+% using the second edition with nonpatient and inpatient groups.

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